

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54991  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
AUG 20 2015  
Bayfield Co. Zoning Dept.

Permit #:	15-0309
Date:	8-24-15
Amount Paid:	\$75
Refund:	8-24-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
David A. Broadwell		PO Box 5		Port Wing, WI 54865		(715) 774-3773			
Address of Property:		City/State/Zip:		Port Wing, WI 54865		Cell Phone: (605) 670-2491			
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on Behalf of Owner(s))		Agent Phone:		Agent Mailing Address (Include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-28406 + 28409		Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____			
NE 1/4, SW 1/4		Gov't Lot		Lot(s) CSM		Vol & Page		Lot(s) No. Block(s) No. Subdivision:	
				1N2/319		8 97			
Section 28, Township 50 N, Range 8 W		Town of Port Wing		Lot Size		Acreage			
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →		Distance Structure is from Shoreline: _____ feet					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 10,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1 Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 9' 1.5"	Width: 9' 2.5"	Height: 7' 11.25"
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with a Loft	( X )	
	<input type="checkbox"/>	with a Porch	( X )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( X )	
	<input type="checkbox"/>	with a Deck	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( X )	
	<input type="checkbox"/>	with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) Sun porch	( 9'1" X 9'2" )	87 sq ft
	<input type="checkbox"/>	Accessory Building (specify)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( X )	
Permit for Issuance	<input type="checkbox"/>			
AUG 24 2015	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
Secretarial Sign	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David A. Broadwell Date 20 Aug 15  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
Attach

Check below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):

See attached.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	97 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	37 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	54.3 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	53.13 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	72.06 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

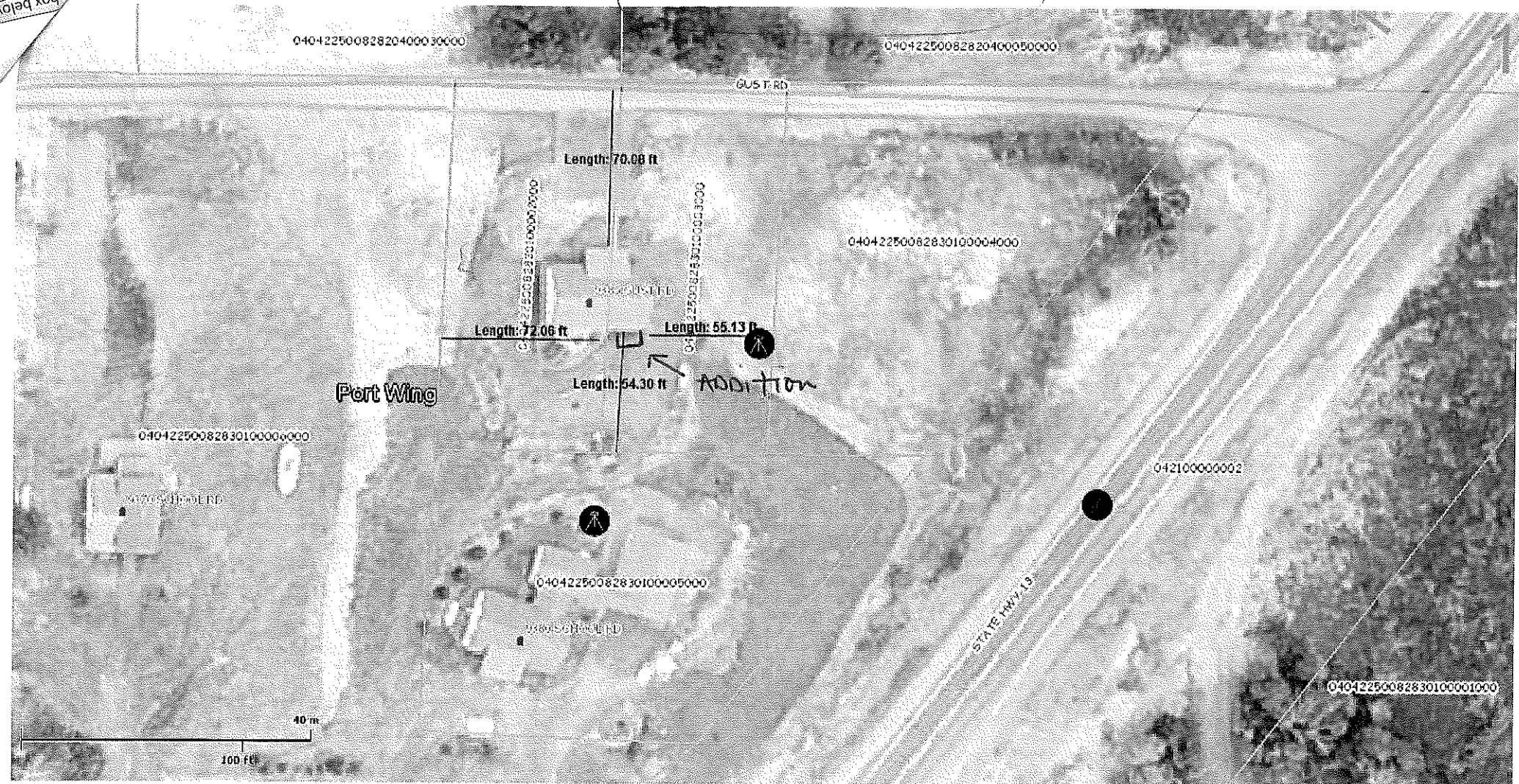
<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>unrecorded</u>	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>15-0309</u>		Permit Date: <u>8-21-15</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created		Were Property Lines Represented by Owner		Was Property Surveyed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated		Inspected by: <u>Donna Schuchert</u>		Date of Re-Inspection: <u>12-4-15</u>			
Date of Inspection: <u>8-21-15</u>		Inspected by: <u>Donna Schuchert</u>		Date of Approval: <u>8-21-15</u>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No they need to be attached:		Zoning District: <u>12-4</u>			
Any NECESSARY VDC PERMIT STAMP BE OBTAINED.				Lakes Classification: <u>NA</u>			
Signature of Inspector: <u>[Signature]</u>							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

7)  
E)  
(Z)  
(T)

01eq xog au

# field County, WI

ATTACHMENT





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
AUG 27 2015 2:24 PM  
Bayfield Co. Zoning Dept

ENTERED

Permit #:	15-0317
Date:	8-28-15
Amount Paid:	\$75
Refund:	8-28-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO BAYFIELD CO. Zoning Dept

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>DeeDee Jordine</u>	Mailing Address: <u>82755 Gustafson rd Port wing WI 54885</u>	City/State/Zip: <u>Port wing WI 54885</u>	Telephone: _____
Address of Property: <u>82755 Gustafson rd</u>		City/State/Zip: <u>Port wing WI 54885</u>	Cell Phone: <u>715 271-6007</u>
Contractor: _____	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>N1/2 SE 1/4, NW 1/4</u>		Gov't Lot: _____	Lot(s): _____
Legal Description: (Use Tax Statement)		CSDM: <u>042250083120400010000</u>	Vol & Page: _____
Section <u>31</u> , Township <u>50</u> N, Range <u>8</u> W		Lot(s) No.: _____	Block(s) No.: _____
Town of: <u>Port wing</u>		Lot Size: _____	Acres: <u>20.460</u>
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: _____ feet
Value at Time of Completion *include donated time & material: <u>\$4,000</u>		Project	# of Stories and/or basement
Use		# of bedrooms	What Type of Sewer/Sanitary System Is on the property?
<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1		<input type="checkbox"/> Municipal/City	Specify Type: _____
<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2		<input type="checkbox"/> (New) Sanitary	Specify Type: <u>ST</u>
<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> 3		<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____
<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> None		<input type="checkbox"/> Portable (w/service contract)	_____
<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None			
<input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> <del>RENOVATION</del>			
EXISTING Structure: (if permit being applied for is relevant to it) <u>EXISTING CONNECTED GRAVEL/SLAB GARAGE</u>		Length: _____	Width: _____
Proposed Construction: _____		Length: _____	Width: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	
	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with Attached Garage	( ) X ( )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	Mobile Home (manufactured date) _____	( ) X ( )	
	Addition/Alteration (specify) <u>garage</u>	( ) X ( )	
	Accessory Building (specify) <u>and breeze way</u>	( ) X ( )	
	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
	Rec'd for Issuance		
	<input type="checkbox"/> Special Use: (explain) _____	( ) X ( )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( ) X ( )	
	<input type="checkbox"/> Other: (explain) _____	( ) X ( )	
	Secretarial Staff		

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Owner(s): DeeDee Jordine Date 8-28-15  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

(1)	Show location of:	<b>Proposed Construction</b>
(2)	Show / Indicate:	<b>North (N)</b> on Plot Plan
(3)	Show location of (*):	<b>(*) Driveway and (*) Frontage Road</b> (Name Frontage Road)
(4)	Show:	<b>All Existing Structures</b> on your Property
(5)	Show:	<b>(*) Well (Wj), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)</b>
(6)	Show any (*):	<b>(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond</b>
(7)	Show any (*):	<b>(*) Wetlands; or (*) Slopes over 20%</b>



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**For The Construction Of New One & Two Family Dwellings:** All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

Hold for Samlata

**Propfr**  
© October 2013

PROPERTY LINE. BUILDING SHALL NOT BE USED FOR HUMANS  
HABITATION OR SLEEPING PURPOSES.